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| CLAIMS ONLY | Application Number | Filing Date |
| | 10-688352- Applicant(s) | |

Filing Date

Applicant(s)

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|----------|--------|-----------------------|--------|------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep. | 3 | | | | | |
| Total Depend. | 15 | | | | | |
| Total Claims | 18 | | | | | |

* May be used for additional claims or amendments

| | Indep | Depend | Indep | Depend | Indep | Depend |
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| Total Indep. | | | | | | |
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